MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		51		
1								52		
2								53		
3								54		
4								55		
5								56		
6								57		
7								58		
8								59		
9								60		
10								61		
11								62		
12								63		
13								64		
14								65		
15								66		
16								67		
17								68		
18								69		
19								70		
20								71		
21								72		
22								73		
23								74		
24								75		
25								76		
26								77		
27								78		
28								79		
29								80		
30								81		
31								82		
32								83		
33								84		
34								85		
35								86		
36								87		
37								88		
38								89		
39								90		
40								91		
41								92		
42								93		
43								94		
44								95		
45								96		
46								97		
47								98		
48								99		
49								100		
50								TOTAL IND.		
TOTAL IND.								TOTAL DEP.		
TOTAL DEP.								TOTAL CLAIMS		
TOTAL CLAIMS										

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1								61		
2								62		
3								63		
4								64		
5								65		
6								66		
7								67		
8								68		
9								69		
10								60		
11								61		
12								62		
13								63		
14								64		
15								65		
16								66		
17								67		
18								68		
19								69		
20								70		
21								71		
22								72		
23								73		
24								74		
25								75		
26								76		
27								77		
28								78		
29								79		
30								80		
31								81		
32								82		
33								83		
34								84		
35								85		
36								86		
37								87		
38								88		
39								89		
40								90		
41								91		
42								92		
43								93		
44								94		
45								95		
46								96		
47								97		
48								98		
49								99		
50								100		
TOTAL IND.								TOTAL IND.		
TOTAL DEP.								TOTAL DEP.		
TOTAL CLAIMS								TOTAL CLAIMS		